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JC966 U.S. PTO

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09/727369
11/29/00

**UTILITY PATENT
APPLICATION TRANSMITTAL**

Attorney Docket No: 2056.008

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor: Young et al

Title: INDIVIDUALIZED ANTI-CANCER ANTIBODIES

EXPRESS MAIL LABEL NO.: EL514193640US

Date submitted: 011/29/00

APPLICATION ELEMENTS

(See MPEP chapter 600 concerning utility patent appln.)

Assistant Commissioner for Patents

Box Patent Application

Washington, D.C. 20231

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing) | 6. Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification 38 Total Pages
(preferred arrangement set forth below)
-Descriptive title of the Invention
-Cross References to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to Microfiche Appendix
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure | 7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy
b. <input type="checkbox"/> Paper Copy (Identical to computer copy)
c. <input type="checkbox"/> Statement verifying identity of above copies |

ACCOMPANYING APPLICATION PARTS:

- | | |
|---|--|
| 3. <input type="checkbox"/> Drawing(s) (35 USC 13) <input type="checkbox"/> New Sheets | 8. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) |
| 4. <input type="checkbox"/> Decl./Pow. of Att. <input type="checkbox"/> Total pages
a. <input type="checkbox"/> Combined Executed (original or copy) for C-I-P application)
b. <input checked="" type="checkbox"/> Copy from a prior appln. (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed) | 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)
11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS
Statement (IDS)/PTO-1449 Citations
12. <input type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
14. <input type="checkbox"/> Small Entity(2) <input checked="" type="checkbox"/> Statement filed in prior
(Unsigned) Statement(s) Application |

[Note Box 5 Below]

I. ☐ Deletion of Inventor(s)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

15. ☐ Certified Copy of Priority Document(s)
(If foreign priority is claimed)

16. ☐ Other: _____

5. ☒ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/415,278

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence address below
(Insert Customer No. Or Attach bar code label here) Cust. #21917

NAME: Michael A. Slavin

McHale & Slavin, P.A.

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CITY: Palm Beach Gardens STATE: FL ZIP CODE: 33410

COUNTRY: U.S.A. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

CERTIFICATE OF EXPRESS MAIL

Express Mail Mailing Label: EL514193640US

I HEREBY CERTIFY that the following correspondence: **UTILITY APPLICATION PAPERS; including specification, claims; DECLARATION/POWER OF ATTORNEY (copy); FEE CALCULATION SHEET; UTILITY APPLICATION TRANSMITTAL; Express Mail Mailing Certificate; INFORMATION DISCLOSURE DOCUMENT w/copies; RETURN-RECEIPT postcard;** regarding the Application entitled: **INDIVIDUAL ANTI-CANCER ANTIBODIES**; is being deposited with the United States Postal Service as EXPRESS MAIL, POST OFFICE TO ADDRESSEE, in an envelope addressed to:

Commissioner of Patents & Trademarks
Box Patent Application
Washington DC 20231

on NOVEMBER 29, 2000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A.
4440 PGA BLVD. SUITE 402
PALM BEACH GARDENS, FL 33410
(561) 625-6575


Cathy Nicholson
Legal Assistant

FEE TRANSMITTAL

Date: 11/29/00

Total Amount DUE: \$ 355.00

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. _____

Deposit

Account Name: _____

☐ Charge any additional Fee required under 37 CFR 1.15 and 1.17

☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of Notice of Allowance

2. ☒ Payment Not submitted☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Large Entity		Small Entity		FEE DESCRIPTION/FEE PAID
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
101	710	201	355	Utility filing fee <u>355</u>
106	320	206	160	Design filing fee _____
107	490	207	245	Plant filing fee _____
108	710	208	355	Reissue filing fee _____
114	150	214	75	Provisional filing fee _____

SUBTOTAL(1) \$355.00

Fee from

2. CLAIMS

Total Claims 15 - 20 = -0- x 9 = \$ -0-Independent 1 - 3 = -0- x 40 = \$ -0-Multiple Dep 0 x _____ = \$ _____

Claims

Large Entity		Small Entity		FEE DESCRIPTION
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	22	203	11	Claims in excess of 20
102	82	202	41	Ind. Claims in excess of 3
104	270	204	135	Mult. Dependent claim
109	82	209	41	Reissue Independent Claims over Original Patent
110	22	210	11	Reissue Claims in excess

20 and over original patent

FEE SUBTOTAL(2) \$ 355.00 *Reduced by Basic filing fee SUBTOTAL(3) _____ SUBMITTED BY: _____

Michael A. Slavin

Typed or printed Name: Michael A. SlavinReg. No. 34,016Signature: _____ Date: 11/29/00 Dep. Acct.: _____

Application Number: N/A

Filing Date: N/A

First Named Inventor: Young et al

Group Art Unit: N/A

Examiner Name: N/A

Attorney Docket No.: 2056.008

FEE CALCULATION (continued)

3. ADDITIONAL FEES:

Large Entity		Small Entity		FEE DESCRIPTION
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
105	130	205	65	Surcharge - late filing fee/oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a Request. for Exam.
112	920*	112	920*	Req. publication of SIR prior Examiner Action
115	110	215	55	Extension - first month
116	400	216	200	Extension - second month
117	950	217	475	Extension - third month
118	1510	218	755	Extension - fourth month
128	2060	228	1030	Extension - fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Brief in support of Appln.
21	270	221	135	Req. for Oral Hearing
138	1510	138	1510	Petition to Institute Public Use Proceeding
140	110	240	55	Pet. to revive - unavoidable
141	1320	241	660	Pet. To revive - unintentional
142	1320	242	660	Utility Issue Fee
143	450	243	225	Design Issue Fee
144	670	244	335	Plant Issue Fee
122	130	122	130	Petitions to Commissioner
123	50	123	60	Petitions re: Provisional
126	240	126	240	Sub. Of Infor. Discl. Stm.
581	40	581	40	Record. Patent Assign. Per property
146	290	246	395	Filing a Submission After Final rejection (37 CFR .129(a)
149	790	249	395	For each addnl. invention to be examined (37 CFR 1.129(b)
				Other fee (specify) _____
				Other fee (specify) _____

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